

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **37979**  
**9842**  
 Registrar's No. ....

FILED NOV 24 1948 **318**  
 Registration District No. ....

Primary Registration District No. ....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital—Max C. Starkloff  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 23  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME RICHARD COATES

3. (b) If veteran World War I 3. (c) Social Security No. 496-14-7458

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minnie Coates 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased May 1 1889  
 (Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 7 If less than one day  
 hr. min.

9. Birthplace Missouri  
 (City, town, or country) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business Hermann Body Works

12. Name Joseph Coates

13. Birthplace Unknown  
 (City, town, or country) (State or foreign country)

14. Maiden name Mary Unknown  
 (City, town, or country) (State or foreign country)

15. Birthplace Unknown  
 (City, town, or country) (State or foreign country)

16. (a) Informant Herman Plews

(b) Address 4400 Clayton Ave.

17. (a) Burial (b) Date thereof 11-13-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 12 1948 (b) J B Lanter  
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1522a So. 7th St.  
Memorial (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th  
 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10/30/48  
 \_\_\_\_\_, 19\_\_\_\_, to Nov. 8th, 1948  
 that I last saw him alive on Nov. 8th, 1948  
 and that death occurred on the date and hour stated above

Immediate cause of death Pneumonia Rt lower lobe Duration \_\_\_\_\_

Due to 108  
 Due to \_\_\_\_\_

Other conditions Anemia due to infection  
 (Include pregnancy within 3 months of death) cough

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature J B Lanter Date signed NOV 13 1948  
 Address \_\_\_\_\_

MAY 27 1949

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Justaw W. Dietrich*

Licensed Embalmer No.

*4329*

P. O. Address

*St Louis Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**